

PLACE OF BIRTH

AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of MaricopaDistrict of AvondaleTown of Litchfield Park

or

City of _____ No. _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 417

County Registrar No. _____

Local Registrar No. 26

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Victor Bedol Sanes

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other. _____

6. Legitimate?

7. Date

of birth

Month

Day

Year

Male5. No., in order of birth 5YesJuly 28 - 26

8. FATHER

Full name

Vidal Sanes

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Litchfield Park

10. Color or race

Mex11. Age at last birthday 38 (Years)

12. Birthplace (city or place)

Mexico

(State or country)

13. Occupation

Nature of Industry

Farm labor.

14. MOTHER

Full maiden name

Muel Tipo

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Litchfield Park

16. Color or race

Mex.17. Age at last birthday 32 (Years)

18. Birthplace (city or place)

(State or country)

Arizona

19. Occupation

Nature of Industry

House wife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2(b) Born alive but now dead 3(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Address

Litchfield Park

(Physician or midwife)

Given name added from
a supplemental report

Month, day, year

Filed

7/30

19

26

Local Registrar.

Registrar

Filed

19

County Registrar.

N. B.—In case of more than one child at a birth, a SEP/AL order of birth must be

522-778-436